2160 ² 9879 ²	19698 1		State of Ne		Mot	or Ve	ehic	le A	ccid	er	nt Re	port	;	Shee	t _1	of _	2
2	Total Nu		Local No./ District		Agency Case D6	6-042482)				HIT & RUN				MADE A	T SCENE?	L
A/1	of Vehi		015		1	0-042402					YES (In Mil	X NO	STATE US	YES		NO	1
01	DATE OF ACCIDENT		<u>// D D /</u> 5/2016	Y Y			WTH	FS	TIME C	DF	1700	nary Time)	01/112 001	LONE			
A/2	ACCIDENT		#2010 ACCIDENT														
	PLACE OF	COUNTY	Lancaster NoTIFIED						ED	1703	05/15	05/15/2016					
В	ACCIDENT	T CITY Lincoln						PRIVATE PROPERTY? YES NO			LATITUDE						
65	ROAD O			o. 27th St	t/ Y St						ONE-WAY STREET?	YES NO					
c 1	DISTANCE	FROM	FEET	N	S E W	OF MILEPOST	г		HIGH	IWAY		- A	LONGITUE	E			1
D	MILEPO	151	IF AT INTERSECTION					IF NOT AT INTERSECTION				-					
1		NAN	ME OF INTERSECTING ROADWAY				FEET \subset	EET MILES N S E			W OF N	T, BRIDGE	, RAILI	ROAD C	ROSSING]	
V1/M	27th St/	Y St															
14	MILES		N S E	W AND	VAS OUTSI	DE CITY LI	MITS, IN	W OF	NEAREST		ROM NEAF	REST TOWN					-
V2/M				MILES				CIT	Y OR TOW	/N							
01 E	R. WORK		R2 R3 R4	S. PEDES	STRIAN SIFICATION	S1 S2	S3	S3 S4 S5-a S5-b S6-			a S6-b		ENT INVOLVE DAMAGE TO OF ROADS' PROPERTY?				
1	CODES	1		CODES									s 🗴 NO				
F						V	EHICLE	NO. 1									
1	DRIVER LICENSE	!	NO. H13126	5373								STATE (Of License)		SE		FEMALE MALE	
V1/N	BRADY	J DAI	ИΕ						308		4968		LOCAL NO	Э.			
2 V2/N	DRIVER ADDRESS CITY, STATE, ZIP 5921 N 23RD ST APT 103, LINCOLN, NE 68521											DATE OF BIRTH (MM / DD / YYY	02/11	1/199	90		V1/1
2	OWNER PHONE									(MM / DD / YYY	LOCAL NO				18		
G	BRADY J DAME OWNER ADDRESS CITY, STATE, ZIP							308		CITATION YES CITATION NO.					V1/2		
6			Γ#103, LINC	COLN, NE	68521				PENDING NO			LB51	LB512843			V1/3	
Н	LICENSE PLATE	PA	NO. TSG974							(Pla	YEAR ate Expires)	2017		(Of Pl		NE	
2 V1/O	VEHICLE		YEAR 2010	Dodge	I .	odel Avenger		BODY STY	r Sed	an	color	/ chrome	TOTALE	DAMAG	1000		V1/4
2	VEHICLE ID		BCC1FB2AN			wongo		1		INSURANCE COMPANY Farm Bureau					V1/5		
V2/O	NO. (VIN) TOWED TO	1.50		1170010	TOWED BY						POLICY NO					18	
3							EUICI E	NO. 2			0000	00000797	0622				V1/6 35
1	DRIVER		CE 40 EI	500 0177		v	EHICLE	: NO. 2				STATE	11	SE	.v 🤆	FEMALE	
V1/P	LICENSE DRIVER		NO. C540-5	528-9177					PHONE			(Of License)	LOCAL NO		^ <u>X</u>	MALE	-
1	Matthew DRIVER ADDRI		nolly		CITY C	TATE ZID		6308627336									
V2/P	320 N 8th St #308, Lincoln, NE						BIRTH (MM / DD / YYYY)										
1	Matthew	Conr	nolly						PHONE 630		7336		LOCAL NO	Э.			V2/2
J 01		DWNER ADDRESS CITY, STATE, ZIP 320 N 8th St #308, Lincoln, NE							CITATION YE							V2/3	
V1/Q	LICENSE		-117050	-						T	YEAR	NG X NO 2016		STA	ГЕ		V2/4
4	PLATE	PA	NO. z117358	MAKE	M	IODEL		BODY STY	′LE	(Pla	COLOR		ESTIMATED [(Of PI	E	IL	V2/4
V2/Q	VEHICLE	\perp	2015	BMW		SUV		4 doc	r Sed	an	white	E COMPANY	TOTALE	D \$	1500)	V2/5
1 к	VEHICLE ID NO. (VIN)										1	Farm					18 V2/6
02	12 TOWED TO TOWED BY Capitol Towing					1				POLICY NO D62-	-13	3			25		
		Comp	lete this se		r all inju	ured pe	rsons	;				OF BIRTH	1 Seat	2	3 Rody	4 5	SEX
VEH. #	NAME	(Com	plete a continuati		nore than the	ree were in	jured)			_	(MM /	DD / YYYY)	Position	Eject	Body Region	Injury Sev. Tra	ns. MF
			INFRIGAL FACILITY NAME					EMC CEDVICE NAME									
	LOCAL NO.		MEDICAL FACILITY NAME					EMS SERVICE NAME				EMS RU	EMS RUN REPORT NO.				
VEH. #	H. # NAME ADDRESS																
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS S	ERVICE NAM	E				EMS RU	N REPO	ORT NO.		
	NAME				DDEC2												
VEH. #	NAME			AD	DRESS												
	LOCAL NO. MEDICAL FACILITY NAME						EMS S	EMS SERVICE NAME				EMS RU	EMS RUN REPORT NO.				

	THE FOLLOWING	G INFORMATIO	N IS REQUIRED F	OR ALL ACCIDENT	S		
	THE TOLLOWING		BY DIAGRAM WHAT HAF	PPENED AGEN	CY CASE NO.		
				. Во-	-042482		
Indicate North by Arrow							
	· (N)	. 🖨 🔟					
		-Chit 1:	P	OI: 26 Ft South of North curb Y S 23 Ft East of West curb 27th S			
						·	
		Conit 1					
	·	Unit 2		Y St is 34 Ft Wide			
				Not To Scale	1 .		
		27th St is 65 F Wide	t				
	DECORIE		BASED ON OFFICER'S I	NIV/FOTIO ATION			
St when he was struck by			at 27th St. D2 stated he	e lane. D1 stated he didn't had a green light and start	ted to turn N	Northbound	d onto 27th
St when he was struck by			at 27th St. D2 stated he		ted to turn N	Northbound	d onto 27th
OR JECT DAMAGED			at 27th St. D2 stated he		ted to turn N		d onto 27th
OR IECT DAMAGED	V1. D1 was cited and relea	ADDRESS ADDRESS	at 27th St. D2 stated he	had a green light and start	ted to turn N	APPROX. COS	
OBJECT DAMAGED OBJECT DAMAGED	V1. D1 was cited and relea	ADDRESS	at 27th St. D2 stated he	had a green light and start	ted to turn N	APPROX. COS \$ APPROX. COS	ST OF DAMAGE
OBJECT DAMAGED OBJECT DAMAGED	V1. D1 was cited and relea	ADDRESS ADDRESS	at 27th St. D2 stated he	had a green light and start		APPROX. COS \$ APPROX. COS \$ NE	ST OF DAMAGE
OBJECT DAMAGED OBJECT DAMAGED	OWNER NAME OWNER NAME OWNER NAME	ADDRESS ADDRESS ADDRESS ADDRESS	AIRBAG DEPLOYED	had a green light and start	PHC PHC	APPROX. COS \$ APPROX. COS \$ NE	ST OF DAMAGE ST OF DAMAGE
OBJECT DAMAGED OBJECT DAMAGED	OWNER NAME OWNER NAME POINT OF IME MOST DAMAG (Fater numbers for	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	AIRBAG DEPLOYED	PHONE PHONE RESTRAINT USE	PHC PHC PHC ALCOHOL	APPROX. COS \$ APPROX. COS \$ NE NE	ST OF DAMAGE ST OF DAMAGE 1 VEH 2 1 Driver Pede
OBJECT DAMAGED OBJECT DAMAGED	OWNER NAME OWNER NAME OWNER NAME POINT OF IMP MOST DAMAC (Enter numbers fo	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS PACT AND GED AREA r each vehicle) VEHICLE 2	AIRBAG DEPLOYED	PHONE PHONE RESTRAINT USE	TOTAL OCCUPAN ALCOHOL TESTING	APPROX. COS APPROX. COS APPROX. COS NE NE VEH 1 1 L Driver NO. 1	ST OF DAMAGE ST OF DAMAGE
OBJECT DAMAGED OBJECT DAMAGED	OWNER NAME OWNER NAME OWNER NAME POINT OF IMP MOST DAMAC (Enter numbers for VEHICLE 1 POINT OF IMPACT 01	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS PACT AND GED AREA reach vehicle) VEHICLE 2 POINT OF IMPACT O6	AIRBAG DEPLOYED VEHICLE 1 - 4 1 Deployed - front	PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occupan 2 Lap & shoulder belt used	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL TESTED	APPROX. COS APPROX. COS S NE VEH 1 L Driver No. 1 Y N X I	ST OF DAMAGE ST OF DAMAGE 1 VEH 2 1 Driver Pede No. 2 trial
OBJECT DAMAGED OBJECT DAMAGED	OWNER NAME OWNER NAME OWNER NAME POINT OF IMPROST DAMAC (Enter numbers for VEHICLE 1 POINT OF IMPROST DAMAC (Enter numbers for VEHICLE 1 POINT OF IMPROST DAMAC (Enter numbers for VEHICLE 1	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS PACT AND GED AREA r each vehicle) VEHICLE 2 POINT OF OE	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed	PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occupan 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used	TOTAL OCCUPAN ALCOHOL LEVEL TESTED BAC LEVEL	APPROX. COS APPROX. COS APPROX. COS NE NE VEH 1 1 VO. 1 V NO. 1 V NO. 1	ST OF DAMAGE 1 VEH 2 1 Driver Pede trial Y Y Y N X N Driver Driver Driver
OBJECT DAMAGED OBJECT DAMAGED	OWNER NAME OWNER NAME OWNER NAME POINT OF IMP MOST DAMAC (Enter numbers for VEHICLE 1 POINT OF IMPACT IMPACT O1 MOST DAMAGED AREA 00 None 02	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS VEHICLE 2 POINT OF IMPACT MOST DAMAGED DAMAGED O6	AIRBAG DEPLOYED VEHICLE 1 4 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side	PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occupan 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL TESTED	APPROX. COS APPROX. COS APPROX. COS NE VEH 1 VOID NO. 1 V N X I HOL/ IGS	ST OF DAMAGE 1 VEH 2 1 Driver No. 2 trial Y Y N X N
OBJECT DAMAGED OBJECT DAMAGED	OWNER NAME OWNER NAME OWNER NAME POINT OF IMP MOST DAMAC (Enter numbers for VEHICLE 1 POINT OF IMPACT DAMAGED AREA 01	ADDRESS ADD	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available	PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occupan 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used	PHO PHO PHO TOTAL OCCUPAN ALCOHOL LEVEL TESTED BAC LEVEL ALCO DRU SUSPE 1 Neither	APPROX. COS APPROX. COS APPROX. COS NE VEH 1 1 VEH	ST OF DAMAGE 1 VEH 2 1 Driver No. 2 trial Y Y N X N Driver No. 1 1 1 rugs suspected
OBJECT DAMAGED OBJECT DAMAGED	OWNER NAME OWNER NAME POINT OF IMM MOST DAMAC (Enter numbers for IMPACT) VEHICLE 1 POINT OF IMPACT O1 MOST DAMAGED AREA 00 None 02 09 Top & windows 10 Undercarriage 01 11 Total (all areas) 1	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS PACT AND GED AREA reach vehicle) VEHICLE 2 POINT OF IMPACT O6 MOST DAMAGED AREA 1 03 04	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown VEHICLE 2	PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occupan 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	TOTAL OCCUPAN ALCOHO TESTING ALCOHOL LEVEL TESTED BAC LEVEL SUSPE 1 Neither 2 Yes - ali 3 Yes - dr	APPROX. COS APPROX. COS APPROX. COS NE NE NE NE NE NE NE NE NE N	ST OF DAMAGE ST OF DAMAGE Toriver No. 2 Pede trial Y Y Y Y Y Y Y N X N Driver No. 1 1 Trugs suspecteded d
OBJECT DAMAGED OBJECT DAMAGED	OWNER NAME OWNER NAME OWNER NAME OWNER NAME POINT OF IMP MOST DAMAC (Enter numbers for IMPACT DAMAGED AREA D1 AREA D1 Undercarriage 01 Und	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS PACT AND GED AREA or each vehicle) VEHICLE 2 POINT OF IMPACT O6 MOST DAMAGED AREA O6 I 03 04 05 07 06 DEPARTME	AIRBAG DEPLOYED VEHICLE 1 1 Deployed - front 2 Deployed - side 3 Deployed - soth front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown VEHICLE 2 4	PHONE PHONE PHONE PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occupan 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown VEHICLE 2	TOTAL OCCUPAN ALCOHO TESTING ALCOHOL TESTED BAC LEVEL TESTED 1 Neither 2 Yes - ali 3 Yes - dr 4 Yes - ali 5 Unknow	APPROX. COS APPROX. COS APPROX. COS NE NE NE NE NE NE NE NE NE N	ST OF DAMAGE Topiver No. 1 Trugs suspected suspected